

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027715

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 134

STATE FILE NUMBER

VS 300
Rev. 4/59

10550

20275

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mt. Vernon</u>		c. CITY OR TOWN <u>Boonville</u>	
Length of stay in 1b <u>285 das.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Mo. State Sanatorium</u>		d. STREET ADDRESS (If outside, give location) <u>821 Morgan</u>	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Alexander</u> Middle <u>White</u> Last <u>White</u>		4. DATE OF DEATH Month <u>July</u> Day <u>20</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/6/96</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber - self-employed</u>		11. BIRTHPLACE (City and state or country) <u>Columbia, Mo.</u>	
13a. FATHER'S NAME <u>Elie White</u>		14. NAME OF HUSBAND OR WIFE <u>Lou</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>Medical Records, Mo. S.S., Mt. Vernon</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive Pulmonary Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pul. Tuberculosis, far advanced, active cavitory</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>6 or more years</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20c. TIME OF INJURY Hour <u>4:20</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <u>10/7/60</u> to <u>7/20/62</u> and last saw him alive on <u>7/20/62</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	
20g. STATE			
21. I attended the deceased from <u>10/7/60</u> to <u>7/20/62</u> and last saw him live on <u>7/20/62</u> Death occurred at <u>4:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Bernard Fangeluth</u> (Degree or title)		22b. ADDRESS <u>Mt. Vernon, Missouri</u>	
22c. DATE SIGNED <u>7/20/62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>7-20-62</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>		23d. LOCATION (City, town, or county) <u>Columbia Mo</u>	
24. FUNERAL DIRECTOR <u>Short-Parker F.H.</u>		25. DATE RECD. BY LOCAL REG. <u>7-30-62</u>	
ADDRESS <u>Columbia, Mo</u>		26. REGISTRAR'S SIGNATURE <u>Loy Shantham / RW</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

AUG 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me,~~
or by HOWELL T. MAY, Student Embalmer No. 667
working under my personal supervision.

Student Howell T. May
Signature of Student Embalmer

Signed George R. Trammell

Licensed Embalmer No. 4425

P. O. Address Columbia, Miss

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.